## The Commonwealth of Massachusetts

## OFFICE OF THE DISTRICT ATTORNEY FOR THE NORFOLK DISTRICT

Working in Cooperation with the Office of The Attorney General

Please print clearly. Form will be returned if illegible or incomplete. Form cannot be processed without name, address & phone number of both consumer and business. Please provide TWO copies of complaint.

SEND COMPLETED FORM TO: Joanne M. Dalabon Norfolk District Attorney's Office Consumer Protection Unti 1515 Hancock Street Quincy, MA 02169 Phone: (617) 769-6118

Complaint #

Fax: (617) 769-6101

Consumer Information	Name:		
	Address:		
	City/State/Zip:  Home Phone: ()		
	Work Phone: ()		
	You are not required to answer but, are you 60 years or older?		
	Yes No		
Business/Complaint Against	Name:		
	Address:		
	City/State/Zip:		
	Phone: ()		
•	on in filing a complaint or with completing this form, please call (617) 727-2200. service, please check hereor call (617) 727-0434.		
May we send a copy of the complain Product/Service involved:	t to the Company?		
Cost of product/service:	Amount paid to date:		
Date of transaction:	Was a contract signed?		
Have you complained directly to the	company: in person by phone by letter		
To whom:	Date:		
What resolution do you seek?			

Serving: Canton, Norfolk, Norwood, Plainville, Quincy, Walpole, Wrentham

Have you contacted another	er agency?	Have you hired an attorney?
If yes, please give the nam	e of the agency:	If yes, please give the name of the attorney below.
other information, and d respond to you. Attach warrenties, claim check	describe any action you hadditional pages if nessiss and other relevant docu	ribing your complaint in detail. Include all relevant names and ave taken to resolve this dispute and how the business has sary. Be sure to include clear copies of receipts, sales contracts, umentation supporting the facts set forth in this complaint.  PYOUR ORIGINALS - SEND COPIES ONLY.
	For moto	or vehicle complaints only
		Purchased: new used
Date of purchase:	Vehicle Identification N	Number (VIN):
	Note: This is n	ot your license number. The VIN should be on your title or registration.
Mileage at purchase:	Current Mileage:	Purchase price:
Total number of business day	ys vehicle has been in the rep	pair shop:
	COL	NFIDENITALITY
Under most sireumstances		
to any member of the public name, address or phone nur to any request that specifica	upon request. In respon mber, or any other inform Ily seeks the complaint so	t will be considered a public record, a copy of which is available use to such requests, this Office generally will not disclose your ation that identifies you and will not disclose this form in response ubmitted by you. Your record in its entirety may, however, be s who may assist in resolving your complaint.
Signature:		Date:
-		